U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A PROPERTY MECHANISM					J = =	and (b) saliding office	
SECTION A – PROPERTY INFORMATION A1. Building Owner's Name						JRANCE COMPANY USE	
GLEN ROMERO					Policy Nur	mber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC N					NAIC Number:		
110 WAVELAND	Box No. 110 WAVELAND AVE					Company	TWITO TAUMBET.
City				State		ZIP Code	
WAVELAND				Mississippi		39576	
TAX PARCEL # (1	62R-0-10-04	nd Block Numbers, Ta 4.000)	х Рагс	el Number, Legal D	escription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Long	itude: Lat. <u>N</u>	30-16-20	Long.	N 89-22-49	Horizontal Datun	n: 🔲 NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certifi	cate is being used t	o obtain flood insura	ance.	
A7. Building Diagr	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sq ft			
b) Number of	permanent fl	ood openings in the cra	awIspa	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gi	rade 0
c) Total net ar	ea of flood o	penings in A8.b0		sq in			
d) Engineered	l flood openin	gs? Yes N	0				
A9. For a building	with an attach	ned garage:					
a) Square foo	lage of attach	ned garage 0		sq ft			
b) Number of	permanent flo	ood openings in the atta	ached o	garage within 1.0 fo	ot above adiacent o	rade	0
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0 c) Total net area of flood openings in A9.b 0 sq in							
	d) Engineered flood openings?						
		CTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	ГІОИ	
B1. NFIP Communi WAVELAND 28526	. NFIP Community Name & Community Number B2. County Name B3. State MVELAND 285262 HANCOCK B3. State		B3. State Mississippi				
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	B9. Bas	se Flood Elevation(s) ne AO, use Base
28045C0344	D	10/16/2009		evised Date /2009	AE	Floo	od Depth) 20
B10. Indicate the se	ource of the E	Base Flood Elevation (E	: BFE) da	ata or base flood de	pth entered in Item	B9:	
☐ FIS Profile	⊠ FIRM [Community Determ	ined [Other/Source: _	· · · · · · · · · · · · · · · · · · ·		
B11. Indicate eleva	tion datum us	sed for BFE in Item B9:	_ N	GVD 1929 ⊠ NA	VD 1988 🔲 Oth	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resoui	ces Sy	rstem (CBRS) area	or Otherwise Protec	ted Area (C	PPA)? ☐ Yes ☒ No
Designation D	ate:		BRS	☐ OPA			

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 110 WAVELAND AVE City State ZIP Code Company NAIC Number WAVELAND Mississippi 39576 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: USM NETWORK Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 🔀 NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _ 22 0 X feet meters b) Top of the next higher floor N/A_.____ x feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A_.____ x feet meters N/A d) Attached garage (top of slab) X feet meters e) Lowest elevation of machinery or equipment servicing the building N/A X feet ☐ meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 11, 2 X feet meters g) Highest adjacent (finished) grade next to building (HAG) 12.4 X feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including N/A X feet meters structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. Certifier's Name License Number **DUKE LEVY** 01722 Title **SURVEYOR** Company Name Place **DUKE LEVY & ASSOCIATES** Seal448 Address 4412 LEISURE TIME DRIVE State ZIP Code DIAMONDHEAD Mississippi 39526 Signature Date Telephone 09/21/2018 (228) 467-5212 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) WO # 18-255 BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER POLE AT THE 'SW' CORNER OF THE PROPERTY AT EL = 15.00' FEET.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMA		FOR INSURANCE COMPANY USE				
A1. Building Owner's Name GLEN ROMERO	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bl Box No. 110 WAVELAND AVE	Company NAIC Number:					
City WAVELAND	·					
A3. Property Description (Lot and Block Numbers, Tax Parcel Nu TAX PARCEL # (162R-0-10-044.000)	mber, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Ac	cessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. N 30-16-20 Long. W 89	22-49 Horizontal Datum	n: NAD 1927 X NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate	s being used to obtain flood insura	ance.				
A7. Building Diagram Number5						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)0	sq ft					
b) Number of permanent flood openings in the crawlspace or	enclosure(s) within 1.0 foot above	adjacent grade 0				
c) Total net area of flood openings in A8.b o sq in						
d) Engineered flood openings?						
A9. For a building with an attached garage:						
a) Square footage of attached garage sq ft		*				
b) Number of permanent flood openings in the attached garage	e within 1.0 foot above adjacent g	rade 0				
c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered flood openings?		·				
SECTION D. EL COD INCUDANCE						
SECTION B – FLOOD INSURANCE B1. NFIP Community Name & Community Number B2.						
	County Name ICOCK	B3. State Mississippi				
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Index Revise	e/ d Date	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)				
28045C0344 D 10/16/2009 10/16/2009	AE	20				
B10. Indicate the source of the Base Flood Elevation (BFE) data or FIS Profile X FIRM Community Determined Ot	or/Source:	39:				
B11. Indicate elevation datum used for BFE in Item B9: NGVD	1929 🗵 NAVD 1988 🔲 Othe	er/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? \(\subseteq \) Yes \(\subseteq \) No						
Designation Date: CBRS DPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 110 WAVELAND AVE City State ZIP Code Company NAIC Number WAVELAND Mississippi 39576 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ⊠ Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: USM NETWORK Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 🖂 NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 23 9 X feet ☐ meters b) Top of the next higher floor N/A_.____ X feet □ meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A_.____ X feet meters d) Attached garage (top of slab) N/A_{.____} X feet meters N/A.__ e) Lowest elevation of machinery or equipment servicing the building X feet meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 11. 2 X feet meters g) Highest adjacent (finished) grade next to building (HAG) 12.4 X feet ☐ meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including N/A X feet □ meters structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes \subseteq No. Check here if attachments. Certifier's Name License Number **DUKE LEVY** 01722 DUKE ! Title SURVEYOR Place 7448 Company Name **DUKE LEVY & ASSOCIATES** Seaf. 1722 Address 4412 LEISURE TIME DRIVE City State ZIP Code DIAMONDHEAD Mississippi 39526 Signature Date Telephone 12/02/2018 (228) 467-5212 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) WO # 18-255-1 BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER POLE AT THE 'SW' CORNER OF THE PROPERTY AT EL = 15.00' FEET.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPA					JRANCE COMPANY USE		
A1. Building Owner's Name GLEN ROMERO Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.110 WAVELAND AVE						Company	NAIC Number:
City WAVELAND	***************************************	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		State Mississippi		ZIP Code 39576	
A3. Property Dese TAX PARCEL # (1		nd Block Numbers, Ta 4.000)	x Parce	el Number, Legal D	escription, etc.)		
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Long						ı: 🔲 NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certifi	cate is being used	to obtain flood insura	ince.	İ
A7. Building Diagr	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sq ft			
b) Number of	permanent fl	ood openings in the cra	awlspac	ce or enclosure(s) v	vithin 1.0 foot above	adjacent gi	rade 0
c) Total net ar	ea of flood o	penings in A8.b0)	sq in			
d) Engineered	flood openin	gs? Yes No	0				
A9. For a building v	vith an attach	ied garage:					i
a) Square fool	a) Square footage of attached garage 0 sq ft						
b) Number of	permanent flo	ood openings in the atta	ached g	garage within 1.0 fo	ot above adjacent g	rade	0
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered	flood openin	gs? Yes No	0	•			
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi WAVELAND 28526	ty Name & C			B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	RM Panel fective/ evised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base nd Depth)
28045C0344	D	10/16/2009	10/16/	/2009	AE		20
		ase Flood Elevation (E			pth entered in Item (39:	
_		-		_	\/D 4000 □ 045	od Carres	
		ed for BFE in Item B9:	-		·····	er/Source: _	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation D	ate:	С	BRS	☐ OPA			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 110 WAVELAND AVE	ute and Box No.	Policy Number:	
CityStateZIPWAVELANDMississippi395	Code 576	Company NAIC Number	
SECTION C – BUILDING ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* Bui *A new Elevation Certificate will be required when construction of the buildi C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with B Complete Items C2.a-h below according to the building diagram specified Benchmark Utilized: USM NETWORK Vertical Datum: Indicate elevation datum used for the elevations in items a) through h) belowing NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the E a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including	ilding Under Constru ling is complete. BFE), AR, AR/A, AR/, in Item A7. In Puerto : NAVD 1988 ow.	Check the measurement used. Check the meters Check the measurement used.	
structural support			
SECTION D – SURVEYOR, ENGINEER, OR ARC This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?	nitect authorized by l oret the data availab ion 1001.	aw to certify elevation information	
	ZIP Code 39525	Place Property Here	
04/15/2019	Telephone (228) 467-5212		
Copy all pages of this Elevation Certificate and all attachments for (1) community office Comments (including type of equipment and location, per C2(e), if applicable) WO # 18-255-1 BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER AT EL = 15.00' FEET. THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED	POLE AT THE 'SW	CORNER OF THE PROPERTY	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

Building Street Address (including Apt., Ur 110 WAVELAND AVE	FOR INSURANCE COMPANY USE Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

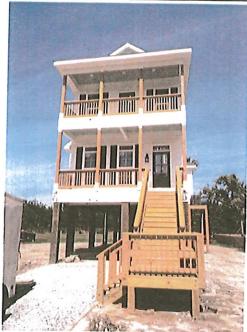


Photo One

Photo One Caption



Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy ti	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 WAVELAND AVE			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption

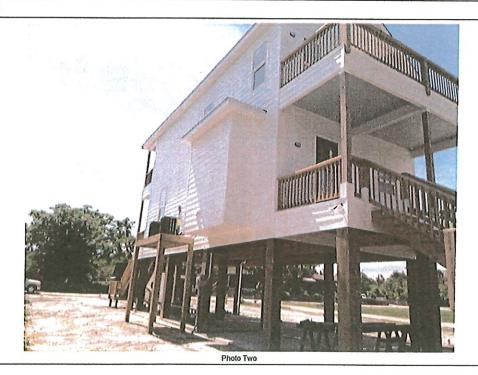


Photo Two Caption

2019 5421
Recorded in the Above
Deed Book & Pase
05-03-2019 02:57:42 PM
Timothy A Kellar **Hancock County**

My Commission Expires Dec. 31, 2019

WAVELAND

NONCONVERSION AGREEMENT with CITY OF WAVELAND MISSISSIPPL

OH FOI WAVELAND, WIGGIGGIFT
This DECLARATION made this day of April, 20, 20
110 Waveland Ave
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at \[\lambda \lambda \cup \text{Vartand Avc} in the City of Waveland, Ms. in the County of Hancock, \]
designated in the Tax Records as 16ZR-0-10-044.000
WHEREAS, the Owner has applied for a permit to place a structure on that properly that has an
enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 18/0/04/69
325 and under Permit Number 1800 469
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the
Initiating dysorial to contain the interior of a burged off the billocar biobett, as a containing on the containing of t
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner this heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
i certify this instrument was filed on
1. The structure or part thereof to which these conditions apply is: 05-03-2019 02:57:42 PM and recorded in Deed Book
2. At this site, the Base Flood Elevation is 20+1 feet above mean sea level, Najidhar George 15421 - 5421
Vertical Datum. Timothy A Kellar
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited
storage, or access to the building. All interior walls, cellings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or
plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal
action to correct any violation. Any alterations or changes from these conditions also may render the
structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the properly for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration.
Such inspections will be conducted upon due notice to the Owner and no more frequently than once
each year. More frequent inspections may be conducted if an annual inspection discovers a violation
of the Permit.
7. Other conditions:
\mathcal{O}
In witness wherepot the undersigned set their hands and seals this 3 day of May, 2019
State of Mississippi Cherk
County of Hancock CERY AND Alest de De
Owner Personally appeared before me, the understand
There to authority in and totally said county and state, on
this 3 day of 100 201 f, within may jurisdiction, the within named Nevare Cornero 15
who acknowledged thatexecuted andexecuted and
delivered the above and foregoing instrument. My Commission Expires Dec. 31, 2010

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2019, AT PAGE - 5421 in said court.

Witness my hand and seal this 3 Day of May, 2019.

Timothy A Kellar

Chancery Clerk

Hancock County, MS

DC:

Printed: 05-03-2019 02:58:13 PM Optical file reference: D152D.7E3